

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09
APPLICANT 244799

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7	1					
8		1				
9		1				
10		3				
11		4				
12		5				
13		6				
14		7				
15	1					
16		1	1			
17		1		1		
18				1		
19				1		
20				1		
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41				1		
42				1		
43			1			
44						
45						
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47						
48						
49						
50						
TOTAL IND.	3		5			
TOTAL DEP.	17		23			
TOTAL CLAIMS	20		28			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						